CARDIOVASCULAR FLASHLIGHT

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Anomalous origin of a grafted left internal mammary artery from the deep brachial artery

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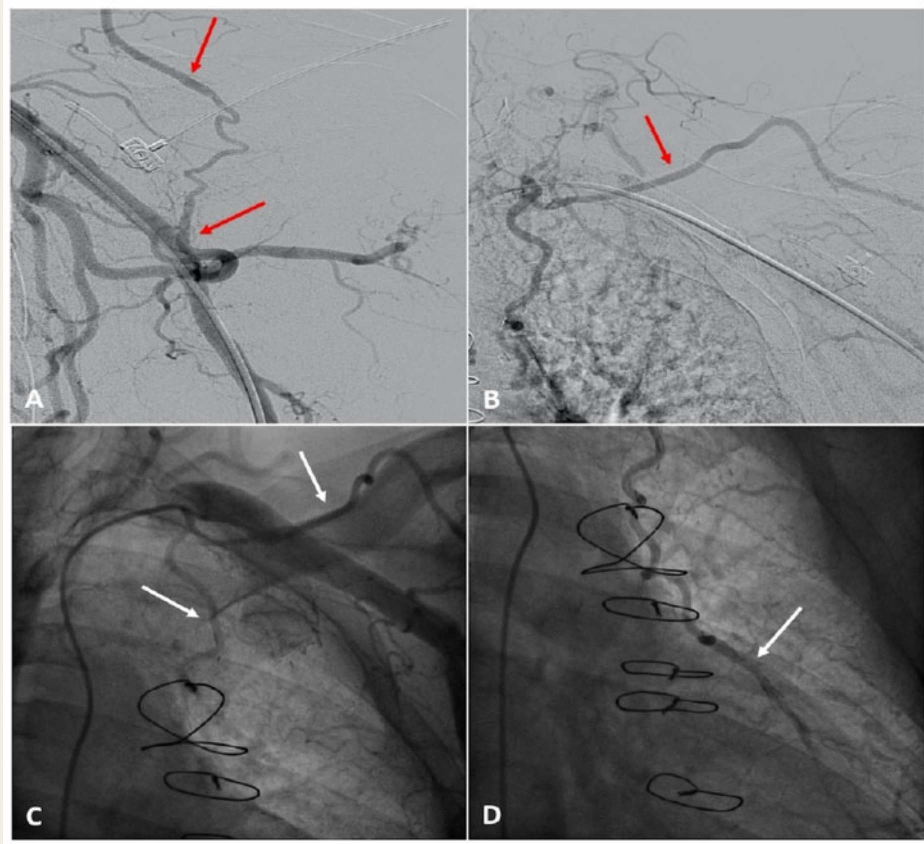
A 58-year-old patient underwent coronary bypass surgery; the left internal mammary artery (LIMA) was directed to the left anterior descending artery (LAD). Postoperative course was uneventful. Two months later, the patient went to his family doctor for a routine control. During the visit, blood pressure was measured by placing the cuff around his left arm. While inflating the cuff the patient had chest pain and dizziness, which disappeared as soon as deflating the cuff. He recovered promptly. Nonetheless, he was re-admitted to hospital for more investigations, including a coronary angiogram. With great surprise, the left internal mammary artery had an anomalous origin and course. It arose from the left deep brachial artery, travelled upward the arm and across the armpit, and then took its normal course down into the chest along the sternum. LIMA and anastomosis are patent with normal blood flow in the LAD (see *Panels A–D* and Supplementary material online, *Video S1*).



The patient was discharged home with our strong recommendation never to have his blood pressure monitored from his left arm!

(*Panel A*) Origin of LIMA (red arrow) from deep brachial artery; (*Panel B*) LIMA course (red arrow) across the arm pit; (*Panel C*) LIMA course (white arrows) in the chest; and (*Panel D*) LIMA grafted to the LAD (white arrow)—LIMA and anastomosis are patent with normal blood flow in the LAD.

Supplementary material is available at *European Heart Journal* online.

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Conflict of interest: The authors have submitted their declaration which can be found in the article Supplementary Material online.

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